

STD 262 (REV 10/92)

CLAIMANT'S NAME			SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
Michael Picker					Governor's Office/CPUC Exec	
POSITION		CB/ID NUMBER	DIVISION OR BUREAU			INDEX NUMBER
Senior Advisor to the Governor for Renewable Energy						
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS			TELEPHONE NUMBER
			Governor's Office, State Capitol			
CITY	STATE	ZIP	CITY	STATE	ZIP	
			Sacramento, CA 95814			

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
										MILES	AMOUNT			
22-Apr	5:00 am to 10:30 pm	Sacramen to to Ontario/r eturn			9.47 1.99 7.48		255.40	air	7.00	22	11.00		282.87	
											0.00		0.00	
											0.00		0.00	
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											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
SUBTOTALS			0.00	0.00	1.99	7.48	0.00	255.40	0.00	7.00	22	11.00	0.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												\$282.87		

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Represent Governor at Science Advisory Panel to Desert Renewable Energy Conservation Plan.

NORMAL WORK HOURS
PRIVATE VEHICLE LICENSE NUMBER
MILEAGE RATE CLAIMED
0.5
AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER
241004

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE 5/3/10	SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES	DATE 5/5/10
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MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION					BUSINESS EXPENSE	TOTAL
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			TOTAL EXPENSES FOR DAY
											MILES	AMOUNT		
20-Apr	9:00 AM	Sacramento to SF/return							/ 8.00	165	/ 82.50		90.50	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
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											0.00		0.00	
											0.00		0.00	
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	8.00	165	82.50	0.00		
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												\$90.50		

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

meetings with CPUC Commissioners Simon and Bohn, with Andy Schwarz, Policy Advisor to Commissioner Peevey and with Julie Fitch and staff of the RPS Team.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

PKB883

MILEAGE RATE CLAIMED

0.5

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240999

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE _____

SIGNATURE OF OFFICER APPROVING

.T

DATE

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE _____